

CLAIM FOR JURY

JD-CL-53 Rev. 6-12
C.G.S. §§ 52-215, 52-258
Pr. Bk. §§ 14-4, 14-8, 14-10

STATE OF CONNECTICUT SUPERIOR COURT *www.jud.ct.gov*

Court Use Only

CLAIM6



Instructions

1. This claim must be accompanied by the appropriate jury fee (Section 52-258 of the Connecticut General Statutes).
2. When pleadings are closed, a Certificate of Closed Pleadings (JD-CV-11) must also be filed.

To: The Superior Court

Return date

Dec-29-2015

Docket number

LLI-CV-15-6013124

Name of case (Full name of Plaintiff v. Full name of Defendant)

BLITZ TRUSTEE OF THE RICHARD BLITZ DEFINED PENSION v. LOVEJOY, GLEN Et Al

☒ Judicial
District

☐ Housing
Session

☐ Geographical
Area number _____

Address of court (Number, street, town and zip code)

15 WEST STREET P.O. BOX 247 LITCHFIELD, CT 06759

This case is claimed for the inventory of jury cases.

(A certificate of closed pleadings must be filed before the case named above can be placed on the inventory of jury cases.)

Claim filed by ("X" one)

☐ Plaintiff's Attorney

☐ Plaintiff

☒ Defendant's Attorney

☐ Defendant

Name of Law Firm, Attorney, or Self-Represented Party

GASSER LAW FIRM LLC

Mailing address (Number, street, town, state and zip code)

20 EAST MAIN STREET AVON, CT 06001

Telephone number

860-674-8342

Certification

I certify that this claim is filed in accordance with section 52-215 of the Connecticut General Statutes and that a copy of this document was mailed or delivered electronically or non-electronically on (date) **Mar-21-2016** to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to*

ROME MCGUIGAN P.C. - 1 STATE STREET/HARTFORD, CT 06103
THOMAS BENNECHE - 885 HOPMEADOW ST/SIMSBURY, CT 06070

For Court Use Only

Signed (Signature of filer)

► **309481**

Print or type name of person signing

EDWARD WALTER GASSER

Date signed

Mar-21-2016

Mailing address (Number, street, town, state and zip code)

20 EAST MAIN STREET AVON, CT 06001

Telephone number

860-674-8342

*If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to.